

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 10/25/2012

Voucher Vchr VchrtLineDescr

Number Line

Line#

Description

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Withhold

Year

Month

00313605

1 I/S Meals & Lodging

1

542200

Employee I/S Meals & L

06101

ADAMS RICH-001

2013

10

0000093549

Adams, 9.30-10.3

435.00

Total For Voucher

435.00

0000093549 10-20-12

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500
 Voucher ID: 00313605
 Voucher Style: Regular
















Invoice Number: Adams, 9.30-10.3.12
 Invoice Date: 10/22/2012
 Total: 435.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now Schedule Payments

Saved

Payment Information		Find View All	First	1 of 1	Last
Scheduled Payment:	1				
*Remit to:	0000097303				
Location:	001				
*Address:	1				
ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345					
Gross Amount:		USD			
Discount:		USD			
Late Charge					
Scheduled Due:		10/22/2012			
Net Due:					
Discount Due:					
Accounting Date:					
Pay Group:					
*Handling:					
*Netting:		N			
Message:		Message will appear on remittance advice.			

Summary	Invoice Information	Payments	Voucher Attributes	Error Summary
Business Unit: 66500		Invoice Number: Adams, 9.30-10.3.12		
Voucher ID: 00313605		Invoice Date: 10/22/2012		
Voucher Style: Regular		Total: 435.00		
Voucher Processing				
<input checked="" type="checkbox"/> Post Voucher <input type="checkbox"/> Close Voucher				
<input checked="" type="checkbox"/> Revalue Voucher <input type="checkbox"/> Delete Voucher				
Accounting Instructions				
*Accounting Template: STANDARD  Account At: Gross 				
Match Action				
*Status: Matched 				
<input type="checkbox"/> Pay UnMatched Voucher				
Transaction Currency				
*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000				
Voucher Approval				
*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 				
Approval Rule Set: Payment Approval Rule Set 1 				
Self Billing Invoice				
*SBI Num Option: Group Vouchers (Auto-  SBI Number: 				
Prepayment				
Prepayment Reference:   Automatically Apply Prepayment <input type="checkbox"/> Postpone Withholding <input type="checkbox"/>				
Letter of Credit				
Letter of Credit ID:  				
Tax Group				

AGENCY
NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2

DATE 9/30/12

AGENCY
CODE 66500

VOUCHER
NUMBER

00313605

NAME Richard Adams

CAR LICENSE NUMBER GS1984

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

NORMAL WORK DAY 8am to 5pm

YEAR 2011

POST OF DUTY
Ruidoso

PROPOSED
(ADVANCE VOUCHER) ☐

RESIDENCE
Ruidoso

ACTUAL
(RECOUPMENT VOUCHER) ☒

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS

9/30/12 7:00am

Depart Ruidoso to Santa Fe to meet with Interim Cabinet Secretary Overnight

135.00

135.00

135.00

135.00

10/1/12

Overnight Santa Fe rates apply*

135.00

135.00

10/2/12

Overnight Santa Fe rates apply*

135.00

135.00

10/3/12

7:00 pm

Depart Santa Fe to Ruidoso partial day per diem-12.0 hrs

30.00

30.00

PER DIEM IS BASED ON (CHECK ONE)
ACTUAL ☐

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

APPROVED RATES ☒

Employee Signature

Date

TOTALS

435.00

435.00

Advance Amount @ 80%

Adjusted Reimbursement

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

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LAST MODIFIED ON: 10/03/2012 13:34

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

I, Richard Adams
do solemnly swear that the above claim for reimbursement is just and truly all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE X

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: GS1984	
	Year: 2011	Make: Nissan	Model: Altima			

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name: Meeting with Cabinet Secretary in Santa Fe.				
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request: 09/28/12		Destination: Santa Fe		
	Departure Date: (month/day/yr) 09/30/12	Time: 07:00 AM	Return Date: (month/day/yr) 10/3/12	Time: 07:00 PM	
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:				

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only: 3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 435.00
Car Rental: days @ per day	\$ 0.00		

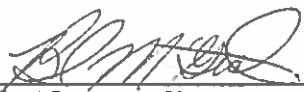
I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


10/17/12

 Employee Signature Date

 Supervisor/Bureau Chief Signature Date

 Division Director/Hospital Administrator Date
 (As per specific division requirements)


10/12/12

 Cabinet Secretary Signature Date
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)